

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/885288 | FILING DATE 9/14/04  
APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			12			
13			12			
14			12			
15		/				
16		/				
17			/			
18			/			
19			/			
20			/			
21			/			
22			/			
23			8			
24			8			
25			/			
26			/			
27		/				
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42			/			
43			6			
44			6			
45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			84			
TOTAL CLAIMS			90			

CLAIMS	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						